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No. 10.

CASE OF EMPYEMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—By the kindness of Dr. J. H. Flint, of this town, I have been enabled to examine a case of empyema, and with the sanction of this gentleman, as also of Dr. Alvan Smith, of Monson, the attending physician, I hereby offer for publication in your Journal, the history of the case, and the results of my examinations. If the article proves acceptable to you, you will please give it a place in the pages of your periodical, and oblige
Yours, &c.,
Springfield, March 30, 1842.

WM. A. DAVIS.

Gilbert C., æt. 11 years. The early history of this boy cannot be accurately determined, but from the statements of his parents it would appear that he had enjoyed moderately good health during most of his childhood, though he was never very robust. A year or so previous to the date of the illness about to be described, he suffered from swellings in the groins, which were at first hard, and tender to the touch, and caused some lameness. After a few weeks these tumors began to soften, and ultimately opened, and discharged a purulent matter, which continued to flow in more or less abundance for three or four weeks, after which time the ulcers healed, and the patient has had no further trouble from this cause.

Since this recovery, has been about, and apparently pretty well, till about the first of October last, when he was suddenly attacked with febrile symptoms, characterized by chills and heat, and attended with severe pain in the right shoulder, extending into the arm. At the same time respiration was somewhat difficult and painful. The patient took advice and had treatment, but without improvement: the pain extended from the shoulder into the right chest, and the dyspnœa became much aggravated. On examination of the chest, about October 15th, the attending physician, Dr. Alvan Smith, of Monson, discovered a soft, ill-defined, indistinctly-fluctuating tumor under the right clavicle, extending over first and second ribs, very tender to pressure. On percussion of the right chest, it was found to be generally dull. The patient was now suffering much from dyspnœa, with frequent short, distressing cough, with much tenderness of whole right chest.

About this time the patient was first seen by the present reporter, and offered the following appearances. Countenance pale, anxious and fretful. Patient partially reclining, indisposed to any exertion. Occasional

short and interrupted cough, without expectoration; dyspnœa evident, but not very great; pulse 120, small and rather hard; patient very averse to physical examination, which appeared to cause pain. On inspection of chest, a soft, white, ill-defined tumor was discovered below right clavicle, very tender to pressure, conveying to the manipulator the idea of an indolent and diffused abscess. This tumor was not materially affected by change in the position of the patient, being easily detected when he was supine. A tendency to cough was manifested in connection with pressure upon it. It did not appear to extend below the inferior edge of the second rib, which could be discovered beneath it. Above, it was bounded by the clavicle, the integuments being pushed out beyond the level of this bone.

On percussion, right chest was generally flat, there being no satisfactory resonance at any part. The sounds of respiration were heard feebly, and at a distance, throughout this side of the chest, unmixed with râles, and no where bronchial. Percussion of left chest was sufficiently well: respiration in it vesicular, puerile. No decided protuberance of intercostal spaces of right side.

After a week this patient was again visited, having been treated during this time with diuretics and cathartics. He was found in general appearance much as above reported. Strength stated by his mother not to be materially diminished since the last visit. Appetite rather improved. Decubitus as before, patient preferring a position with shoulders considerably raised, and being unable to lie on left side. Cough much as above. Sleep disturbed by dyspnœa. Tenderness of whole right side excessive. For two or three days past, the attending physician had supposed that he detected some protuberance between the eighth and ninth ribs, and also that a shock applied to the tumor under the clavicle was transmitted to the finger placed in this situation. He had also noticed that the tumor was increased in size during coughing. The tumor itself remained much as above reported, being perhaps somewhat more diffused in the adjacent cellular tissue. The integuments of the whole right side were now very decidedly œdematous. Pulse 120, small, hard.

On examination, the right chest was found flat on percussion, as before. The respiration was still generally feebly audible, very distant. No râles or bronchial respiration observed. Voice, from fretfulness of patient and other unfavorable circumstances, could not be satisfactorily tested in either examination. Left chest as before.

After consultation it was determined to perform the operation of paracentesis thoracis, and the point of protuberance between the eighth and ninth ribs was selected as the place for the incision, which was made, by Dr. Smith, through the integuments and most of the intercostal muscle with a scalpel, the pleura being afterwards punctured with a common lancet. On withdrawing this instrument, a gush of purulent matter ensued, which continued flowing almost uninterruptedly till about 3 xliv. had been discharged, after which the lips of the wound were brought together and confined by a sticking plaster, and protected by a compress. Care was taken to avoid as far as possible the admission of air into the

cavity of the pleura. The evacuation of this fluid was attended with subsidence of the tumor under the clavicle.

The fluid discharged had the appearance of nearly laudable pus, without the flaky or curdy aspect of scrofulous matter. The estimate of the amount is not exact by measurement, but is believed to be nearly accurate. Very little blood was mingled with the fluid. The patient supported the operation well, and appeared relieved immediately after its completion: respiration was more easy, and the appearance of distress was diminished. During the succeeding night the bandages became somewhat displaced, and a slight discharge occurred through the wound: this was again dressed on the succeeding morning as before, and from this period no further discharge took place, and the lips of the wound soon became firmly united, as they have since remained.

The relief from the operation continued for about a week after its performance, the patient suffering but little from dyspnœa, and being able to assume a supine position, as also to lie on his left side. After this time a cough supervened, and the patient at several times thus raised a purulent matter, described by his father as altogether similar to that evacuated by the puncture. This occurred at intervals, chiefly in the morning, for some days, after which the cough diminished and ultimately ceased, and the boy from this period has been going on improving in strength and general health till the present time, when his state is as follows:—

March 11, 1842. Countenance pale and thin: otherwise sufficiently well. Reports no pain. Respiration easy when patient is not fatigued: dyspnœa on severe or active exertion. Has been about and at school for some weeks past. Bowels regular. Appetite good. No trouble from food. Sleeps well. No night sweats. No considerable cough. Strength moderately good: general appearance, however, rather feeble. On standing erect, and when viewed from behind, appears to have lateral curvature of spine to right. Spine not particularly examined, but was not observed to afford any considerable distortion when patient was stripped for examination of the chest.

On percussion, right front chest is moderately resonant in a circular space extending from the scapular end of the clavicle to the sternum, and reaching down to the nipple: elsewhere it is dull. Left front chest generally sufficiently resonant, except in the cardiac region. Right chest very decidedly retracted: no appearance of fulness about right clavicle. Right back generally dull, and flat below spine of scapula. Left back sufficiently resonant.

Chest measured from median line of sternum to spinous processes, gives, in right side, $11\frac{1}{4}$ inches; in left, 13 inches. Respiration in left chest vesicular, puerile, in front and back. Respiration in right chest generally audible: in back, above spine of right scapula, more feeble than in corresponding part in left: below spine more harsh and less expansive than in left; perhaps not less loud. In front, respiration under right clavicle more harsh and less expansive than under left, with some expiration, not strong. Voice perhaps rather more resonant under angle of right than left scapula.

This case seems to be in many respects interesting and valuable—mainly so from its favorable results. In the decision as to the propriety of operation, which it may fall to the lot of any practitioner to make, precedents will be of great worth, and the minute records of previous cases will do much to enlighten his path, and diminish the weight of responsibility which attends the undertaking of any grave operation. Favorable cases are in this view especially valuable, since they are unfortunately not very abundant. Their collection will assist in deciding a question long mooted, and still unsettled—the question of the propriety of operation in ordinary cases of empyema—a propriety which is more than doubted by some high authorities.

Laennec gives a case of pneumo-thorax and pleuritic effusion, in which an incision was made in the side between the fifth and sixth ribs (counting from above), and about their middle: but no matter flowed through the wound. Four hours after the operation the patient died, and on autopsy it was found that the puncture of the operation had been made through the diaphragm into the cavity of the abdomen. "The diaphragm was found intimately adhering to the seventh rib, through two thirds of its length, the adhesion sloping backwards to the ninth rib, so as to leave on the lower and posterior part of the chest a species of *cul-de-sac*, of not more than two fingers' breadth. * * * * * The incision had penetrated through the diaphragm, parallel with the upper surface of the liver."

This author states that he has met with cases in which the diaphragm was in close connection with the pleura, as high as the fifth rib, while the lungs and pleura were yet free from disease. He mentions another case of operation in which the opening was made between the sixth and seventh ribs, and two pints of pus were evacuated. This patient died on the twelfth day after the operation. The lungs contained tubercular cavities, which communicated with the cavity of the pleura, and with the bronchi.

A third case terminated fatally in eight months, after promising recovery: the patient was very imprudent. In this case the orifice made by the operation remained fistulous during all this time: there were doubtless adhesions confining the abscess, and shutting it out from the true cavity of the pleura. A fourth case is given, in which in connection with pulmonary disease an abscess pointed externally between the cartilages of the seventh and eighth ribs, and the opening remained fistulous for six years, the patient becoming much emaciated, and affording signs of cavity in the lung.

The remarkable case of Dr. Wendelstadt is on record, in which the orifice remained fistulous for thirteen years, discharging daily from half a drachm to four ounces. Yet the doctor could blow the flute, and attend to his professional business.

Andral gives a case of a woman who had been for two months ill with pulmonary disease, who presented, on entering La Charité, the appearances of pleuritic effusion, having also edema of the right side, on which alone she could recline. About twenty days after her entrance, a swelling was observed beneath the right clavicle, extending nearly to

the mamma : pressure upon it caused acute pain. This tumor increased, and in a few days evinced fluctuation. A bistoury was plunged into it, and a considerable discharge of pus followed : this flow continued for the three succeeding days, and on the fourth the patient died. On autopsy, an opening was found between the fourth and fifth ribs, through which pus escaped externally, from the cavity of the pleura.

This author gives another case, and refers to a third, in which the operation for empyema was successfully performed. To his article on pleuritis in the *Clinique Medicale* the inquirer may turn for valuable information on empyema, and all kindred lesions. In the conclusion of his "Recapitulation, or General History of Pleurisy," is the following opinion as to the propriety of the operation for empyema. "We think this operation should not be attempted unless when, besides the ordinary signs of effusion, there is undoubted dilatation of the chest, and manifest fluctuation through the intercostal spaces, which project outwards beyond the level of the ribs."

Further experience will help us to determine how far, under the present advantages of diagnosis, the art of the surgeon can be called in with saving power in those cases in which the skill of the physician has been exerted only to disappointment.

FURTHER REMARKS ON STRABISMUS.

BY E. H. DIXON, M.D., OF NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last communication on the operation for strabismus, I mentioned a case where the patient still possessed the *voluntary* power of turning the eye outward, after the complete division of the external rectus muscle for strabismus divergens. The *rationale* of this movement, your readers will remember, was imputed to the superior and inferior recti assuming between them the duty of the divided muscle, as soon as the relaxation of the internal rectus allowed the globe to lose its equipoise outward. It was my intention to have given the same explanation for those cases in which the globe still retains a degree of obliquity, as well as the power of slightly turning the globe inward after the division of the *internal* rectus. This has been exclusively imputed either to a partial division of the muscle, or of the newly-discovered tunica vaginalis, as well as the conjunctiva. I am quite satisfied that this is not the reason, and that the solution I have offered is the correct one. I must also repeat an idea advanced in my former remarks, viz., that the great predominance in the number of cases of converging squint, is imputable to the fact, that the eyes are mostly employed in viewing near objects, so that the internal rectus is most constantly in use. If this be not distinctly understood by the patient as well as the surgeon, I am satisfied that many cases of strabismus will return : that many *have* returned, I can bear witness, for it has not only been necessary to operate a second time, where the muscle was effectually divided in the first instance by a very skilful operator, both

in my own practice and in that of my friends, but I am now witnessing, from day to day, the return of the deformity in two cases, where inattention to my directions is producing this result, after the globe has retained its proper position for a whole month. Let any one, after the complete division of the muscle, desire his patient to look upward and downward, and he will always observe, more especially if the globe be small, a decided inclination *inward*. Now here is the difficulty; if the patient be permitted to use the eye on near objects, as in sewing or reading, the lower rectus muscle immediately brings it to bear on the object, and thus approximates the cut ends of the divided muscle, and allows their union, far more immediately and intimately than would occur if the external rectus were compelled to act by bandaging the well eye and advising the patient to walk abroad and exercise the other on distant objects. This is the only method that can prevent the recurrence; and I have effected the desired result of the operation in several cases, when the globe had manifested an evident inclination to resume the error of its way, after the operation.

Another very important practical point is immediately depending on these directions. Supposing, as is very often the case in adult age, the nerve of the eye should be powerless; it is then of course needless to give the directions, for the patient having no power to see with it, the eye will remain in a great degree motionless. If the pupil in these cases continued central, the patient would be satisfied; for however apparent its want of motion to others, it would be far less so to himself when looking in a glass: but this will be found not to be the case; the globe will in most cases resume, in a greater or less degree, its obliquity. In such cases, our success will depend on removing a portion of the muscle. The method of doing this most readily, I think, will be found as follows: cut through the conjunctiva and pass the hook under the muscle, as when you merely wish to divide it. When the hook is fairly under, you have a chance, by using the scissors leisurely, to expose the tendon, or rather the muscle, for in most eyes no tendon is visible; then holding the hook in your left hand, take firm hold of the muscle with a dissecting forceps; transfer this to your left hand, and you can then easily cut off a couple of lines breadth of the muscle.

And here I would remark that every one will find great facility in using instruments with long handles; no instrument can be used with satisfaction in operating on the eye, if there is not full five inches from the point to the end of the handle. The reason is obvious: were they less, the hand of the operator would be in his own light. Hexagons are the best forms; flat handles are only applicable to cutting instruments. I venture these remarks, that gentlemen who are not familiar with the operation, may make judicious selections when purchasing.

It has been remarked, that after the operation on one eye, the other is very apt, though previously straight, to assume the converging squint. The necessity of using the eye on near objects will, I think, explain this: the eye operated upon is of course inapplicable for some time to this purpose; the other then assumes its duty. In children this is very

marked; and it is wise to keep them much abroad after the operation, in order that the internal rectus may be used as little as possible.

The propriety of operating on cases where the power of the nerve is much impaired, or even nearly gone, does not admit of a question, as it is a physiological truism that a part will fail for want of use. The most rational mode of attempting a cure will then follow, viz., to put it in a condition to be used. Whether the muscle or nerve first failed to perform its office, we can rarely tell; indeed it should not influence our practice if we could.

I have found much benefit, in several cases, where the globe assumed a disposition to return to its obliquity, from the application of a jet of water to the closed eye, directly over the external rectus muscle. A common syringe may be used for this purpose. After the muscle is divided, if any portion of it is visible towards the pupil, the operator had better clip it off at once, as it will inevitably form a disagreeable projection, and keep up irritation in the eye. I have carefully avoided all applications after the operation, save cold water. The only instance in which any troublesome inflammation has followed, was one in which the patient, without my knowledge, used a solution of sugar of lead—an application that, I will venture to say, no eye will willingly endure. I have heard of sclerotic inflammation resulting from prolonged and awkward manipulation in the operation; in such cases cold will be found inapplicable. Warm water and copious venesection, if the constitution will bear it, with watery infusion of opium or steam from the latter, I conceive would be advisable. Blisters to the back of the neck (I would never put them nearer) may be needful. Mercury should always be the *last* resort, as I conceive no good practitioner should venture to put the constitution under the influence of this potent and uncontrollable agent, for *any* local complaint, when other means, however severe, will possibly avail.

April, 1842.

NOTE FROM DR. FORBES TO THE EDITOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I shall be much obliged by your inserting in your Journal this note, the object of which is simply to inform Dr. Paine, of New York, and such others among your readers as may take an interest in this little matter, that Dr. Carpenter and myself have read his communication published in your Journal of the 19th of Jan. last, and that it is not the intention of either of us to make any reply thereto. We are sure that there is no gentleman in our profession, whether in America or England, who, after reading Dr. Paine's letter, will think it ought to be answered by us; and if there be any belonging to the profession who do not come under this denomination, who think otherwise, we are sorry that we cannot gratify them. We have too much respect for our own characters, and too much regard for the dignity of the profession, to think of entering the lists with Dr. Paine, with his own weapons of personality and vituperation; and we have sufficient proof in the character of his "Ex-

amination," that, in his present state of excitement, no reasoning however conclusive, no evidence however demonstrative, could make any impression on his mind.

A considerable time since, I sent the name of the real author of the plagiarism to a mutual friend in New York, with permission to mention it to Dr. Paine in confidence. I have now written to him to withdraw this permission, if not too late; as the whole tenor of Dr. Paine's last communication forbids the hope that he could, in his present mood, appreciate the delicacy which has hitherto induced me—and still induces me—to withhold the name of this unfortunate person from the public. I may here add, that Dr. Carpenter has not demanded that the name of the culprit should be given to the public, because he has all along felt confident that his own statement, backed by mine, is amply sufficient to justify him with every right-minded person.

Although, in his state of excitement, Dr. Paine can see no moderation and no fairness in the inculcated review, I beg to assure him, through you, that, in that article, the severity of what was conscientiously believed to be just and necessary criticism, was much mitigated by my anxious desire not to hurt the feelings of a gentleman who belongs to a country so highly respected by me, who is one of a body of men among whom I have the happiness to reckon many personal friends, and who had himself so recently recorded his high and flattering opinion of my Journal.*

I will only further trespass on your patience by stating that if, at any future time, Dr. Paine favors the public (as I think he will) with a work which can justify a judgment of an opposite character to that passed upon his last, he shall find all due praise awarded to him with the same cordiality as if he had never had the misfortune to lose his temper, or sought to crush, with the thunders of his *gravis epistola*, the British and Foreign Medical Review, and all belonging to it. And surely, in yielding to Dr. Paine the even-handed justice which it is my desire to yield to all, I shall claim—as I shall deserve—no merit; since I should be both unfitted for and unworthy of the office I fill, if I could allow myself to be in any way moved, or diverted from my one plain and direct course, by such an attack as Dr. Paine's, or indeed by personal considerations of any kind. I have the honor to be, Sir, your obedient humble servant,

London, February 24, 1842.

JOHN FORBES, M.D.

Editor of the British and Foreign Medical Review.

FATAL HÆMORRHAGE FROM THE EXTRACTION OF A TOOTH.

BY W. A. ROBERTS, ESQ., EDINBURGH.

MR. C. P——, of middle age, rather full-sized body, called upon me on Sunday, the 19th of December, 1841, requesting to have a tooth re-

* "The subscriber, having read with attention the British and Foreign Medical Review as far as published, would commend this Journal to such of his professional brethren as may not be familiar with its merits, as abounding with the latest information upon medical topics and collateral branches, gleaned from all parts where knowledge is cultivated. The critical articles are of the highest order; emanating from erudite genius, liberal and generous, yet devoted to the paramount interests of science. Its range of observation is so extensive, and its critical articles so elaborate, it may be said,

moved, that had given some uneasiness for a length of time; upon examination, I found the dens sapientiæ of the right side of the lower jaw loose, the crown gone, and removed it without difficulty with a pair of forceps, generally used for extracting the temporary teeth of children. It had three small fangs, the anterior one being the longest; the hæmorrhage, nothing more than usual, had ceased ere he left, the alveolus being plugged with lint, wetted with the camphorated spirit of wine. At half past four of the same day Mr. P. called again, the blood running in a continuous stream, evidently from the anterior alveolus—cleaned it out from the bottom, and filled it up firmly with a strip of lint, pressed down with a curved instrument; when full, applied a compress of cork, fitted to the part, and pressed upon firmly by the dens sapientiæ of the upper jaw; likewise securely bandaged the jaw. Ordered astringent lotions, for the hæmorrhage was again checked, the saliva coming away unstained.

At this visit the patient informed me that he had a tooth taken out a few years ago, which was followed by copious hæmorrhage for nearly three days, but was checked by the application of caustic; also that lately his gums had bled to a considerable extent, and for a fortnight at a time. Of all this I was unfortunately ignorant until after three hours had elapsed from the removal of the root. There was nothing indicating any hæmorrhagic tendency at the time I saw him first, and, being a stranger to me, I was consequently not acquainted with the history of his habit of body.

I was sent for early on the Monday morning, and found the hæmorrhage had continued without intermission through the night. He had deferred sending for me, unfortunately, as I had requested, supposing the bleeding would stop of itself. I found no coagulum about the mouth, or in what he had spat out, as in ordinary hæmorrhage, the alveolus being as clear as when the stump was first taken away. I put a piece of lunar caustic, the size of a pin's head, into the bleeding alveolus, pressed it down, and plugged with sponge tent and bandaged as formerly. The bleeding was again stopped. Styptics, lotions of kino, and alum, were used with benefit.

For more than an hour after this all appeared safe. In the course of the day, Dr. Hay, of Queen street, the family medical attendant, saw him, and found the hæmorrhage as bad as ever. Applied various styptics without doing much good. On the 21st, Dr. Hay applied the actual cautery without benefit, attributing this circumstance to the instrument used, the first thing at hand being too thick at the point. I followed up Dr. Hay's suggestion, and used an iron better adapted to reach the bleeding vessel, but with no good result. During the operation the patient started, by which the under lip was slightly burnt. And here I may mention the blood continued to flow from the lip pretty freely for several days.

Our success until the 23d was various, and on that day, if anything,

without interfering with the interests of other medical periodicals at home and abroad, that this Journal is indispensable to all who would most improve their acquaintance with philosophical medicine, or practice the art in its most rational aspects.

New York, August 19, 1840.

MARTYN FAIRIE."

the hæmorrhage was worse, and accompanied by alarming symptoms, with weak pulse, giddiness, &c. I had serious thoughts it would be necessary to take up the carotid. Towards evening an improvement took place, the bleeding being once more under command by pressure, &c. Mild purgatives ordered, in consequence of a considerable quantity of blood having been swallowed.

At two A. M., of the following morning, I was sent for, as the patient had sunk to an alarming degree. Dr. Hay and myself attended immediately; we found him recovering from a fainting fit. Wine given, &c. He rallied; and upon examination found there was now no active hæmorrhage from the original source; nor was there any afterwards. In the course of the day Mr. Nasmyth, of George street, saw the case, which was going on favorably, with the exception of a tolerably smart oozing from the gums, and slight bleeding from the left nostril, which commenced after the hæmorrhage from the alveolus had become less active. Upon the removal of the bandages the face was found much discolored and swollen from the effusion of blood into the cellular tissue, giving all the appearance of the result of a blow. Pulse good; countenance less anxious; getting a quiet sleep occasionally; the sloughs drying up under the use of the camphorated spirit, and latterly of turpentine, with no increase of hæmorrhage. Mild aperients given; a little wine, and the use of tonics: up to the 27th, upon the whole, continuing to improve. The oozing from the gums and nostril being occasionally troublesome, a strong solution of the nitrate of silver was painted over them with advantage. At this stage Dr. Hay and Mr. Nasmyth considered it unnecessary to continue our meetings as we had done, but to see him occasionally, Dr. Hay taking charge of the case, the patient remaining much in the same state until the 7th of January, 1842.

I had not seen the case for two days, when Dr. Hay informed me that a change for the worse had taken place—all the old symptoms, aggravated by a severe pain all over the mouth and head. Mr. Nasmyth and myself saw the patient on Sunday, the 9th, the third from the removal of the tooth, and found him much reduced; the gums turgid to a remarkable degree, and of a deep purple color, almost covering the teeth, and bleeding freely; the blood was again oozing from the alveolus, and slightly from the nostril; the features collapsed; complained of blindness; the cheek still discolored, and all the symptoms of the disease "*purpura hæmorrhagica*" more decided. Mr. Nasmyth employed a solution of the proto-nitrate of mercury to the gums, which only checked the hæmorrhage for a short time. Wine (claret) given freely, stimulants, tonics, &c.

On Sunday, the 9th, Dr. Abercromby was consulted; but although all was done that such eminent men would be expected to do, death put an end to this painfully-interesting case on the Tuesday following, being three weeks and two days in duration.

In the course of my practice I have met with several cases of severe hæmorrhage following the extraction of a tooth, but have always succeeded, with the exception of the above case, in arresting it by pressure. In one case in particular the hæmorrhage was alarming. Upon

examining the mouth, I discovered a portion of the alveolar process that had been splintered; upon removing this and the clot which nearly filled the mouth, and, in fact, was acting as a poultice, and washing out the bleeding alveolus with warm water, I cut a small piece of sponge tent nearly to the size of the cavity, and pressed it firmly down with lint; over that a compress of cork, and all securely bandaged, with complete success. The heat of the mouth softens wax; but sponge expands, and being confined must of necessity press upon the mouth of the bleeding vessel. I have occasionally tried replacing the tooth with lint wrapped round the fangs, but never could depend upon it, but should think it would answer well with any of the single-rooted teeth, or bicuspid: I never had occasion to try it in any of these teeth. In passing I may remark, that in all the cases that have come under my notice, I never saw the application of the actual cautery of much service; still in extreme cases we are bound to employ it.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 13, 1842.

THE STATE LUNATIC HOSPITAL AT WORCESTER.

WE copy the following extracts relating to this favorite Lunatic Asylum, from Dr. Woodward's last annual report.

"There have been under our care during the past year 399 patients, of whom 195 were males and 204 females. At the commencement of the year there were 236 patients, of whom 122 were males and 114 females. There were admitted in the course of the year 163 patients, of whom 73 were males and 90 females. There remain at the close of the year 232 patients, 116 of each sex.

"As the accommodations for each sex are about equal in the Hospital, the numbers can never be very different while the institution is full. For some years the number of males greatly exceeded the number of females; for the last two or three years, the number of females admitted has been the greatest, so as, at this time, very nearly to balance the number of each sex that have resided in the house.

"In the course of the last year, 167 patients have been discharged from the hospital, of whom 77 were males and 90 females; of these, 82 were recovered, 38 males and 44 females; 36 were improved, 15 males and 21 females; 37 were not improved, 17 males and 20 females; and 12 have died, 7 males and 5 females. Of the patients discharged, 68 have been insane less than one year, 28 males and 40 females; of this number, 62 have recovered, 26 males and 36 females; 2 were improved, 1 male and 1 female; and 4 died, 1 male and 3 females.

"Of the patients discharged, 99 were insane more than one year, 46 males and 53 females; of these, 20 recovered, 9 males and 11 females; 34 were improved, 15 males and 19 females; 37 were discharged, as harmless, for want of room, 17 males and 20 females; and 8 have died, 5 males and 3 females. One female died very suddenly, of an attack of

inflammation of the bowels, after she had fully recovered from insanity, and was waiting for a place to be prepared for her reception, her health not being such as to admit of severe labor. This case is placed with the recovered in the table.

"The number of deaths has been less in proportion than any previous year but one. There was a time, during the latter part of summer, when bowel complaints were prevalent in the Hospital, which proved fatal to one or two invalids; the remainder of the season has been healthy. No epidemic has ever visited the hospital; and a large proportion of deaths in this, as in former years, have been from chronic complaints, among a class of patients wholly incurable. Of those who have died the past year, three only had resided in the hospital, the others having entered in the course of the year.

"Three only of the old cases, remaining at the close of the last year, have died in the course of the year, and very few have been discharged; of course, a large number of the residents are old incurable cases, and many of them are demented. We usually have about 200 of this class; and the remainder, not generally averaging over 30 at a time, are all the cases that afford any chance of recovery. It will be seen by the table that we have now but 62 cases who have been insane less than two years, while 170 have been insane from two to thirty years and upwards. The average residence of the curable cases is about four months; these must change nearly three times a year, to enable us to report our usual number of recoveries. An old case occasionally recovers; we have had a few interesting cases of this character. Comparatively few recover who have been constantly insane for two years; and, after five years, a recovery is very rare. Fifty-two patients, now in the hospital, have been insane between 2 and 5 years, 44 between 5 and 10 years, and 73 more than 10 years. By far the greatest number of our patients are between the ages of 25 and 45, viz., 129; and the largest number of any 5 years, between the ages of 30 and 35, viz., 37. These facts would show that insanity is most common with persons of active life, when the mental and physical powers are at their acme, and when the responsibilities of life are the greatest.

"There is one cause that has brought so many individuals to the hospital, within the last few years, and is so fatal in its tendency, that I am unwilling to pass it over. In these cases, which, in a short time, have amounted to fifteen in number, the difficulty has been connected with intemperance, and, probably, has arisen from it; it seems to me to be a partial paralysis of the brain. In most of the cases, for some time before any indications of insanity have existed, there has been observed a slight unsteadiness in the gait, a little difficulty in the speech, an irregular contraction of the muscles of the face, in speaking or laughing; sometimes the senses have been impaired, and the power of memory lost or diminished. The slightest affection of the limbs, in walking, resembles the gait of an old man, and this is increased to the tottering and unsteady step of the drunkard. The character of the man changes by degrees; if he has been prudent and saving, he suddenly becomes lavish in his expenditures, desires to change his residence, and is, perhaps, jealous of his neighbors and wishes to leave them; this is, probably, the first symptom of disease. When insanity follows these precursors, no matter how well in health the individual may be, the seeds of death are sown in his system, the fatal mischief is at

work upon his brain, and he will inevitably die. Ten of the fifteen cases I have mentioned, have died, and most of them suddenly; when I see such a case, I am able to predict the event with the greatest certainty.

"At first, many cases of this character gain strength, flesh, and vigor of intellect, and, under other circumstances, we should feel encouraged, but it is all delusive; a fit of apoplexy, of epilepsy, or other convulsions, will inevitably cut off all the prospects of amendment, and often terminate life very suddenly. In other cases, a fatal marasmus wastes the powers, and the patient emaciates to a skeleton, and lingers a life of prolonged misery, with the greatest possible suffering of body and mind.

"Periodicity is one of the most inexplicable circumstances connected with insanity. Why it is that on one day, or once a week, a patient should be in the highest state of excitement, and the alternate day or week be quiet and rational, is quite unaccountable. There are, at this time, many cases in the hospital that have these paroxysms, in which they are, at each time, as violent and furious as a recent case of insanity; this excitement is followed by a rational period, or, what is more common, a period of depression. If this lucid interval is short, they continue permanent residents; if a year or more in duration, they leave the hospital, return to their friends, transact business, and are, in all respects, rational and responsible. The cases with frequent paroxysms are frequently grievously tormented, during the interval when the excitement subsides, with neuralgic or rheumatic pains."

*American Vegetable Practice.**—Reference was made, some weeks since, to the publication of a large volume on "*The American Vegetable Practice*," &c., by Morris Mattson. The work is divided into six parts, viz.: 1. Concise view of the human body, with engraved and wood illustrations (which is unobjectionable); 2. A glance at the old school practice of medicine (being the essence of fault-finding); 3. Vegetable Materia Medica, with colored illustrations (not original). The plates are certainly beautiful, and exceedingly creditable to Miss Neagus, of Boston, who furnished most of the drawings); 4. Compounds (a catalogue of matters and things that the author will have little faith in if he lives to the common age of man); 5. Practice of Medicine, based upon what are deemed correct physiological principles (by whom? might with propriety be asked); 6. Guide for Women (containing a simple treatise on childbirth, with a description of the diseases peculiar to females and infants).

Mr. Mattson seems to entertain so terrible a grudge against the fraternity of regular physicians, that the reader is almost induced to suspect he either wishes to be revenged for some fancied personal wrong, or else he hopes for profitable notoriety by stirring up the people to believe there is not another honest man besides himself, who deals in drugs, in all Christendom. This state of feeling is the more extraordinary, since those who have an intimate acquaintance with Mr. Mattson, speak of his exceeding benevolence, social disposition, and uniform honesty and fair dealing in whatever relates to the opinions, talents or weaknesses of others.

* *The American Vegetable Practice*, or the new and improved guide to health, designed for the use of families, &c. &c. By Morris Mattson, Physician to the Reformed Boston Dispensary, &c. 2 vols. 8vo. in one. Boston: Daniel L. Hale. Pp. 706. 1841.

From the prefatory address to the American reader, it seems this treatise had its origin in a quarrel between the author and that sage, self-styled medical reformer, Samuel Thomson, whom Mr. M. plainly intimates will never be transported to Botany Bay on account of a redundancy of wisdom. To one who looks on, without part or lot in the matter, it appears that a deep game is playing between them for a high stake; both covet it, and both intend to have it too. In short, it is a sort of tempest in a tea-pot, to ascertain who shall command the odds and ends of society—those who feel called upon to aid with their whole strength in putting down the horrible vice of the regular practice of medicine. Mr. Mattson is one of the last persons whom we should have suspected, from all accounts, of being ambitious to reign king in Lilliput. For ourselves, we are persuaded that he will be excessively chagrined, some half a dozen years hence, that he committed himself so grossly. With more light, which must break in upon him, this non-descript offspring will appear a mortifying memorial of immature judgment, and, perhaps, confessed ignorance.

Lastly—is there an original idea in the whole work? If there is, those who admire the system which it advocates will be entitled to all the benefits arising from the discovery. That part expressly written for the study of females, the *guide to women*, being the sixth part, is a congeries of scraps, picked up here and there, having but a slender connection in some places, and, taken as a whole, will prove a blind guide to those about being mothers. What can Mr. Mattson know about midwifery? He is a young man, unmarried, having had certain Thomsonian advantages for acquiring knowledge—and what are they? Will he dare pretend that he is a critical anatomist? And yet, forsooth, he writes a guide-book for females! He seems to have selected from an extensive library whatever he imagined was best adapted for swelling the tome. In the end, no one will give him credit, because a man with one eye may see that two thirds of all that is ostensibly his own, is positively selected from the writings of that very class of men whom he holds up to his followers as utterly unworthy of their notice. As was remarked on a former occasion, it is to be regretted that such industry should not have been more advantageously directed. With all the elements at command which would ultimately lead to usefulness and permanent distinction, Mr. Mattson has certainly made a signal failure, if the object in view was fame with men of understanding.

Medical Science in Connecticut.—Circumstances enabled us to pass a day in a very agreeable manner at New Haven, a short time since. An opportunity was thus afforded for visiting the medical college located in that city, the hospital, and whatever else appertains to the institution of medicine in that quiet, beautiful place. If other physicians who have it in their power would avail themselves of the polite attentions of the faculty, and examine into the facilities afforded there for pursuing the study of physic and surgery, they would be highly gratified. The medical college is large, well ventilated, and contains a cabinet which any school might be proud to possess. We intend devoting a page, at a convenient time, to the consideration of the science of medicine in Connecticut; its conveniences for educating students; and the value of a medical education acquired under the careful instruction of such men as Drs. Knight, Hooker, Beers, Bronson, and their able and learned associates.

Medical Controversy.—The reader will see in the Journal of to-day a letter from Dr. Forbes, of London, addressed particularly to the editor of this Journal, on the subject of the unhappy misunderstanding between that gentleman and our respected friend Dr. Martyn Paine, of New York. It was due to Dr. Forbes to allow him to vindicate himself through the channel in which he conceived a literary injury to have been inflicted. All necessary explanation, as we think, having now been made on both sides, we shall decline publishing anything further upon the subject, from any source.

Diseases of the Chest.—Lectures on the diagnosis, pathology, and treatment of the diseases of the chest, by W. W. Gerhard, M.D., of Philadelphia, in the form of a large octavo, in double columns, come to us from the prolific press of Messrs. Haswell & Barrington. These lectures contain the results of the author's observations, derived indirectly from the different authors who have written on the subject, but in all cases verified by himself at the bedside, or in the amphitheatre.

Arsenic instead of Quinine.—A communication was made to the Academy of Sciences, Paris, by M. Boudin, chief medical officer of the military hospital at Marseilles, on the use of minute doses of arsenic as a substitute, or partial substitute, for quinine, in the cure of agues and certain classes of fever. The quantity of quinine used every year in Algeria, for the French army, was valued at between four and five thousand pounds a year, and therefore the cheapness of arsenic rendered the partial substitution of this substance of great importance.—*London Lancet.*

MARRIED.—Dr. Wm. H. Tremain, of New Marlborough, Mass., to Miss L. A. Belknap.—At Barre, Vt., David Dodge, M.D., to Miss H. M. Burnham.

DIED.—At Waterbury, Conn., Dr. Benjamin Brockitt, 78.—At Cape Palmas, Africa, Dr. Wilson, a missionary physician, of dysentery.—At Monticello, Miss., Dr. Z. E. Pendleton.

Number of deaths in Boston for the week ending April 9, 53.—Males, 22; Females, 31. Stillborn, 3. Of consumption, 8—scarlet fever, 10—erysipelas, 2—marasmus, 1—inflammation on the breast, 1—pleurisy, 1—disease of the heart, 1—dropsy, 1—inflammation of the lungs, 1—lung fever, 3—debility, 1—dropsy on the brain, 2—child-bed, 2—bilious colic, 1—croup, 3—old age, 1—dropsy in the head, 1—apoplexy, 1—tumor, 1—smallpox, 1—abscess, 1—typhus fever, 1—drowned, 1—*zta*, 2—rheumatic fever, 1.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. SEWELL, M.R.C.E.
JNO. RACY, M.D.E.

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D. 1.—6m

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by **N. CHAPMAN, M.D.**, **W. W. GERHARD, M.D.**

Anatomy, by **W. E. HORNER, M.D.**, **PAUL B. GODDARD, M.D.**

Institutes of Medicine, by **SAMUEL JACKSON, M.D.**

Materia Medica and Therapeutics, by **JOHN BELL, M.D.**

Chemistry, by **JAMES B. ROGERS, M.D.**, **ROBERT E. ROGERS, M.D.**

Obstetrics and Diseases of Women and Children, by **HUGH L. HODGE, M.D.**, **WM. HARRIS, M.D.**

Principles and Practice of Surgery, by **THOMAS HARRIS, M.D.**, **W. POYNTELL JOHNSTON, M.D.**

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

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